

NUMBER OF EACH IN ORDER OF BIRTH MUST BE INDICATED FOR EACH, AND ORDER OF BIRTH STATED.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 207

Registered No. 81

1. PLACE OF BIRTH

County Selen State _____

District or Township _____ or Village _____

City Hayden No. _____ St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Marco Montano { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? Yes 7. Date of birth Nov 28 1925
Month Day Year

8. FATHER
Full name Alexander Montano

9. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 24 (Years)

12. Birthplace (city or place) Mogavito
(State or country) Chil

13. Occupation laborer
Nature of industry

14. MOTHER
Full maiden name Louisa Rios

15. Residence Hayden
(Usual place of abode)
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 23 (Years)

18. Birthplace (city or place) Juaneguate
(State or country) Mex

19. Occupation House Wif
Nature of industry

20. Number of children of this mother 1
(Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1
(b) Born alive but now dead _____
(c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____ at 5:15 p. m. on the date above stated.

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Charles B. Kustand (Physician or midwife)

Given name added from _____ Address Hayden, Ariz. mar.
a supplemental report _____

Month, day, year _____ Filed Dec 1, 19 25 4572 Registrar

Registrar

446-1128-392